

that, in fact, some of these options will mean it will not cost them as much as it does right now? That they will actually save money because of our plan?

Mr. SALMON. I believe so. In fact, most people out there will actually do better under this plan.

Mr. MCINTOSH. Why do seniors not know that?

Mr. SALMON. I would say this to the American public. If you think that Washington has managed your dollars well in the past, then we have every reason to believe that the bureaucrat-laden system that we have got is the best thing. But if we believe that the American people out there can take control of these costs, and that they can look out for their needs better than a bureaucrat can, then this option is the best way to go.

Mr. MCINTOSH. So it really is just not true that they are going to have to pay thousands of dollars more, and, in fact, sometimes people will save money under our plan?

Mr. SALMON. In fact, I think in most circumstances the individuals will save money and will do better under our plan, because there are more options and there is less interference between their relationship with their doctor.

Mr. COBURN. I would like to interject one thing. It is not moral to take away somebody's comfort about their security. And there is no intention anywhere in any of the plans to do anything other than to make sure every senior citizen in this country has quality affordable health care.

Mr. WATTS of Oklahoma. If the gentleman would yield for 1 second, as we close, I want to clearly define why we are offering options and choices. That creates competition with doctors, hospitals, insurers. They compete. And when you make the marketplace compete for market share, that gives value, that brings about efficiency.

Just one simple illustration, if I see this ink pen, if I am the only one settling it I can sell it for what I want to sell it for. If my other colleagues come along and set up shop and say we are going to sell ink pens, I have to be more conscious about how much I am selling it for. That is why we are giving options for efficiency.

#### THE TRUTH ABOUT MEDICARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentlewoman from Texas [Ms. JACKSON-LEE] is recognized for 20 minutes as the designee of the minority leader.

Ms. JACKSON-LEE. Thank you, Mr. Speaker. And I appreciated the dialog and interchange of my colleagues who, like me, are mostly freshmen in this House. But I think that if we are to provide a real discussion, it must be clear, decisive, nonargumentative, and as forthright as we can possibly be.

And I think if there is one singular indictment of this so-called proposal

by Republicans to help Americans with respect to Medicare, it is that they absolutely refuse to have full and open hearings on this very major change in American history.

One day, the say. Fraudulent. Cover-up. Misrepresentation. Not many of us could understand a massive change in medical reform in 1 day.

Clearly, I would simply ask the question to my colleagues, and certainly I enjoyed the opportunity to work with them and come to this podium with no baggage, I would simply as the question: How do you manage to reform with \$270 billion in cuts of a program that is in need of reform and in need of a major health reform in conjunction with the reform of Medicare?

The question simply becomes, How do you respond to the citizens in all 50 States in this Nation? The citizens in Florida that will be paid over \$5,000 extra under the reform plan by the Republicans in the next 7 years, or the citizens in Louisiana for \$4,000, or the citizens in Texas for \$3,000?

Mr. HAYWORTH. Would the gentlewoman yield?

Ms. JACKSON-LEE. I would be happy to yield in a moment, just for a moment. Or, in fact, the citizens in California for \$4,783? Or in Washington State for \$2,246?

You simply do not have the facts, and the Democrats have been representing to the Republicans, our colleagues, that we stand ready to debate this issue truthfully and factually over a period where hearings can bring people from their distributives, I hope, from our districts, medical professionals, senior citizens, long-term care givers and actually discuss the real crux of the issue.

Just for a moment, let me frame the question for you. All of us can agree that we can fix Medicare on many planes and many platforms, but one that we can unanimously agree on is that we can save \$61 million if we take away fraud, abuse and waste.

When I go to the 18th district of Texas, no one disagrees that they are prepared to work against and to inform and to improve Medicare from that perspective. But they do tell me, and the speakers that were here earlier indicated and did not give an answer, that they had seniors in their district that were making choices between prescriptions and food. I do too.

□ 2340

And those seniors will continue to have to make those choices or in fact have absolutely no health care under this plan by the Republicans.

Let me also mention a point that is extremely important. This whole masquerade about choices, which I think would be relevant to 4 weeks of hearings, because we could understand what the choices actually mean. But in fact, we know in the private sector that the sickest of the population are not insured.

In the present health care system that we have now in America, we do

not have provisions for preexisting disease; we do not have portability, because we do not have national health reform. So how would that occur for senior citizens? Would there be the option for those who are sickest to have an opportunity to be in a solid program, or would you find a pool of the sickest senior citizens left by the wayside by the empty well not being able to drink the water?

I would simply raise the point that in this Nation we have now the most healthy population of senior citizens. Thirty years ago in 1965, not one Republican voted for Medicare. In fact, they argued vigorously against it. But 30 years into the history of Medicare, now 1995, we can brag on the fact that our senior citizens are healthier and they are living longer. Shame upon us, that we come now 5 years before the 21st century and what we will say to those entering the 21st century is not for the future, but that we will return to those very damaged days when those who were in need of health care were lost in the wilderness of health care in this Nation, and were lost and never found on their dying beds because they were not able to receive the coverage necessary.

I will yield to the gentleman for just a moment, for I have a long litany of things that I would like to proceed with, and I hope I can engage him in a discussion, and maybe he would give me an answer that we would in fact do well for the American public if we join together on 4 weeks at least, minimally, to have hearings to be able to have his position explained, not to each other, but to the American people, and to make the right choice and go in the right direction in the 21st century and to be able to be proud about the health care that we provide for our senior citizens.

Mr. Speaker, I yield to the gentleman from Arizona [Mr. HAYWORTH].

Mr. HAYWORTH. I thank the gentlewoman for yielding the time so graciously. Certainly the gentlewoman raises many questions tonight and I thank her for raising them.

First and foremost, I think it is important for us to understand as the gentlewoman has been doing in our district in Texas, as I have been doing in Arizona; in effect we have been holding our own hearings. But she raises a point that I think is of some interest. Of far more interest to me tonight is the chart purporting to talk about increase of out-of-pocket expenses. Could we explain the formula, the methodology, or the rationale that leads us to make this claim that the prices would rise so drastically. Because I can tell you it is certainly not my intent, nor did we come to the Congress with the notion of trying to bankrupt our seniors. Quite the contrary, we want to save this program.

So I am just curious where these numbers come from, how they were arrived at, how we arrived at these numbers. VerDate 20-SEP-95 07:02 Sep 21, 1995 Jkt 099061 PO 0000

Ms. JACKSON-LEE. Mr. Speaker, I would be happy to share with the gentleman that this is a basic analysis that takes into account the proposed \$270 billion which results in a \$245 billion cut in Medicare. But let me expand on that point so the gentleman can understand.

The gentleman uses the term bankrupt, and I think that is an important term, because the recent, the earlier discussion used that word frequently. In fact, we find that the Republicans rely so openly on the trustee report, and interestingly enough, that report was given last year with deafening silence in 1994.

But if I might refer to a chart that I have reviewed that shows in 1970, which I believe was under a Republican administration, there was only a 2-year life in the Medicare trust fund, if you will. Periodically over the years, since 1970 and 1995, we have seen it go up to 14 years and have seen it come down lower. In fact, the trustee report indicated this year that it would be a 7-year life and they in fact thought that that was a positive, because it gave the Congress a larger span of time to respond to some of the very issues my colleague has raised.

We agree that we need to fix Medicare. But today, 1995, rather than frightening seniors, if we all are to try to get forthright to bankruptcy, that is inaccurate. Bankruptcy is pending, or impending, it is tomorrow, it is next week, it means we have to file. There is a 7-year life on the Medicare trust fund of which we are responsible for trying to make sure there is a greater life. But we are better off today in 1995 than we are in 1970. These numbers are basically an analysis of how the breakdown in the premiums in the different States presently are and what would be reflected by a \$270 billion tax cut that the Republicans want to offer that would be taken out of Medicare.

Mr. HAYWORTH. Mr. Chairman, will the gentleman yield?

Ms. JACKSON-LEE. I yield to the gentleman from Arizona.

Mr. HAYWORTH. I thank the gentleman for yielding to me for a moment.

I think the gentleman raises a compelling point, and it is this: If the trustees' report tells us that we have a 7-year window, then are we not compelled to act? In other words, is it not prudent, because both of us come from an environment where we were successful professionals in other endeavors; we are not professional politicians, we came here to serve our districts and we have differing philosophies. But is it not prudent to move now to solve the problem rather than taking our chances 2, 3, 4, 5 years down the road and simply hoping that we can correct it ourselves?

In other words, we went back to 1970 when of course this Chamber was controlled by her party, regardless of who sat in the White House. We went back to 1994, more recently, when this

Chamber again was controlled by a different party and nobody moved to solve the problem. In other words, is it prudent to wait this out?

Ms. JACKSON-LEE. May I respectfully and vigorously disagree with the gentleman.

Mr. HAYWORTH. Certainly.

Ms. JACKSON-LEE. And the reason why I would do that is because, quite the contrary, in terms of your analysis, in 1970, under a Republican president. There were 2 years where there was a Democratic Congress. And over the years the Democratic Congress has maintained the viability of this Medicare program, both A and B. We recognize that we must fix this. That is something that I hope all of us embrace.

When I go into my inner city district and I have a town hall meeting or I send out massive information that comes back to me threefold where citizens of different walks of life are indicating, please help us save Medicare, they are recognizing that over the period of time that we were, as you will, in the majority, the Democrats worked to save this program. And there is no doubt that we should not wait 7 years out to in fact try to reform Medicare.

Let me add that reforming Medicare should be in conjunction with reforming this national health program that we have. And the issue is that over the 25 years the Democrats have been able to infuse support and energy into this Medicare system which has allowed it now to serve senior citizens for over 30 years, they have never been healthier, because Medicare provides partly a maintenance program. And so 30 years we have maintained it.

Now is the time to come to the table. But what has happened is, precipitously, we have a plan that has yet not seen the light of day. The gentleman may have copies of it. It may be easing out now, and it may be in full force tomorrow. But the hearing was delayed and we are only having 1 day, and I do not think that we can disagree on the reasonableness, not of waiting 7 years, but at least 4 weeks of hearings to deliberate on the best way to ensure that collectively we have a system that does not burden the American citizens and their children.

Might I add, and I happen to have seen and enjoyed meeting, I believe, your grandfather. And I am not pretending to speak for him or to suggest what his thoughts are. But I know the relationship that you have obviously with senior citizens. The question has to be, if we are both in agreement and in tandem on the idea that Medicare must be reformed, then I cannot see why Republicans are rebutting and refusing to open it up to the American public for 4 weeks of hearings in order to make a decided difference.

Mr. HAYWORTH. If the gentleman would yield, and again, I certainly respect, and I think the American public, Mr. Speaker, joining us tonight hear a constructive debate, albeit different,

and dare we say in some ways partisan. But that is the nature of what goes on here.

I think it is very important to respond to several of the points that were raised. When we talk about improving a program, I think the philosophy could not be clearer in what I am hearing from the gentleman from Texas. Is it not more important to offer choices to Americans regardless of their age than to say, here is a one-size-fits-all program, basically 1964 Blue Cross Blue Shield codified into law in 1965. Is there not a way to expand choices and improve the program while maintaining for those seniors who want to remain on this program, Medicare as we know it, maintaining that program?

□ 2350

Mr. HAYWORTH. You and I disagree and indeed, I will graciously give the time.

Ms. JACKSON-LEE. Let me reclaim my time, and I thank the gentleman for engaging in this discussion, and let me answer, and I am going to reclaim my time because the hour is fast closing.

I have been in this process before and I respect the gentleman for acknowledging that we all come from different backgrounds and have had different experiences, and as a member of the city council of the city of Houston, we have had to now, over the years, look very seriously about new health packages as the costs have gone up in the private sector. What we find happening and what I heard most of all in my district and from my seniors of all various economic backgrounds is that they like the choice that they have now, which is the choice and opportunity to go to those physicians that they have developed a comfort level with and those hospitals that they have developed a comfort level with, and I would beg to differ with the gentleman.

Reclaiming my time, what will happen is that the choices that the gentleman is talking about is the choice to be placed and forced into managed care and thereby forbidding and prohibiting seniors from those long-standing relationships, and what ultimately happens is that as the numbers begin to rise, then the choices become limited and the managed care becomes the only source and choice for these seniors.

Again, I go back to the concern that I have raised with many of my colleagues because I come from a district that has a very strong public hospital system and what I say is that the burden will fall on the sickest of our seniors, those needing long-term care and otherwise who cannot participate in a managed care because they are not viable and will not be selected. It is a mutual selection process and a cross-pollination.

I would say to the gentleman that he raises some valid points. I vigorously disagree, but what would be more productive is that we have this openly discussed through those service providers, VerDate 20-SEP

those seniors coming to the U.S. Congress. It does not do us as policy-makers well for us to rely upon, as they say in the court of law, hearsay. It is important. Yours is hearsay, what you have heard in your district, and maybe what I am saying I am saying to you something that I heard in my district, we both know it is fact, but technically it is hearsay. The seniors are not here to tell either one of us.

So it is important then that if we are serious about reforming Medicare, which took some, I would say, some 65 years into the 20th century to be formulated, now when we try to reform it in such a major way, do we not owe the American public and owe this issue four weeks for hearings to decide it in the most effective and the best way? I cannot agree that cutting \$270 billion for a tax cut that the Republicans are offering would in any way assist us in reform.

Mr. HAYWORTH. Would the gentlewoman yield?

Ms. JACKSON-LEE. I yield to the gentleman from Arizona.

Mr. HAYWORTH. Mr. Speaker, a couple of points need to be made and let me clear it up without having hearings. A misconception seemed to be put forth here a second ago. I am certainly not suggesting, nor do I think anyone in this new majority is suggesting that seniors be compelled to leave the doctors under whose care they find themselves now to somehow sacrifice that physician-patient relationship. Nothing could be further from our intent.

Moreover, with reference to \$270 billion and somehow a tax cut for the rich, the gentlewoman from Texas certainly realizes that the Budget Committee, under the stewardship of the gentleman from Ohio [Mr. KASICH], worked very hard to make sure that those tax cuts were fully provided for in the budget plan and the road map and the glide path to a 7-year balanced budget. Moreover, even if the budget were balanced today, we would still have this threat of the Medicare Trust Fund.

Ms. JACKSON-LEE. Reclaiming my time, and I thank the gentleman for his insight on this, but let me respectfully share with the American people that the \$270 billion tax cut has always been associated with the money that was going to be cut out of Medicare, plain and simple. Let me say to you that even those Republicans who no longer serve in government, Arthur Fleming, the health secretary, Health and Human Services Secretary under President Eisenhower, still going strong, has indicted the Republican Party and said he cannot believe that you would offer these proposals without allowing the American people, seniors in particular, to participate.

Mr. Speaker, what we are facing, and what I hope that we will engender, are calls from across this land, all of the States that are impacted by these draconian cuts. I hope that you all will get calls, and likewise in my office, de-

manding, if nothing else, a reasoned debate among the American people on this issue.

Might I say that we all will have to live with these cuts no matter what party we are in. We will have to live with them not so much because the Democrats were involved in cutting. That is not our posture. Our posture is to lay down before the bulldozer, but because our constituents will be harmed and hurt and it is probably going to be irreparable injury, and in a court of law, there are grand damages for that.

I would simply say to the gentleman what we will be facing in this Congress, without having proposed a national health reform program, we will not jointly be able to go to the American people and say that we in good conscience cut this for them 7 years, over \$4,000 in some instances, people having to make the choices between food and prescription drugs, and in joint support of that, the cuts in Medicaid, \$182 billion, and those indigent seniors who cannot get long-term care.

Mr. Speaker, I am reclaiming my time and I thank the gentleman for his interest, but the key is that those who are in long-term care needing Medicaid will likewise not have the right and not have the ability to have health care.

Let me just say one other point as we move toward closure. Can the gentleman not, or my colleagues that I have just heard my fellow freshmen that are Republicans, can they not deny that the population, the aging population is getting stronger, is living longer, and in fact, if you would analyze the trust fund and find out the real reason why there is a life span that is shortened each year is because people are living longer? We should be applauding that. We should be very, very enthusiastic that the gentleman from Arizona has a grandfather and many of us have our parents, my parents, alive and well because of Medicare.

Thirty years of Medicare, the healthiest population of Americans, and yet we are forced in this majority Congress of Republicans to stand up and tell the American senior citizens and those citizens who have to support senior citizens that we are going to cut them off at the knees and tell them that what is more important is the partisan debate, you are right, between Republicans and Democrats, rather than a reasoned set of hearings that would allow us to put forth programs to eliminate waste, fraud and abuse, to be able to work with the physician population, the hospital population, both private and public sector, the prescription or pharmaceutical industry and begin to analyze for real what we are doing or what we need to do to improve the delivery of services at a more efficient price, and not leave, and not leave that broken and bent body on the road we travel, unhealthy senior, left alone on the roadside seeking a simple

drink of water. What are we going to give them?

Mr. HAYWORTH. Will the gentlewoman yield?

Ms. JACKSON-LEE. I think my time is up and I am going to continue to reclaim it because I think this is an important point I want to make.

The sickest of our seniors, the sickest of our seniors will be left without care, without attention, and as the gentleman is willing to debate me now, when I ask him or can I ask him, as he goes and leaves the floor and dialogues with his colleagues tomorrow the simple question, would it not be better for America if we had these hearings to present your presentation, to allow the debate on what I am offering to say, but most of all, to listen to the multitude of those who will be most impacted by these draconian cuts?

Mr. HAYWORTH. The gentlewoman asked a question. Would she yield for an answer?

Ms. JACKSON-LEE. I will yield for just a moment because I want to conclude.

Mr. HAYWORTH. Simple point. If the gentlewoman can explain to me how an increase over seven years in benefits per beneficiary of \$2,000 can be a cut, going from \$4,800 this year to \$6,700 in 2002, where is the mathematical rationale to show me that that is the draconian cut that the gentlewoman has talked about so often this evening?

Ms. JACKSON-LEE. I would be happy to show you what the draconian cut results in because it is very clear, and the reason why it is very clear is because it is evident that you are dealing with provisions A and B, and obviously that masquerading of those particular sections are where the Republicans are suggesting to the American people that they are benefiting the beneficiaries.

These numbers clearly suggest that those citizens will be engaged in higher premiums, clearly will be paying higher premiums because of the large cuts that the Republicans are proposing. Where are the hearings? Where are the voices of the senior citizens? Let us resolve this on behalf of those citizens to make a whole colloquy for all Americans.

#### SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. SERRANO) to revise and extend their remarks and include extraneous material:)

Mr. BONIOR, for 5 minutes, today.

Mr. GEJDENSON, for 5 minutes, today.

Mr. MILLER of California, for 5 minutes, today.

Mr. PALLONE, for 5 minutes, today.

Mr. ABERCROMBIE, for 5 minutes, today.

Mr. FARR, for 5 minutes, today.

Mr. VENTO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today. VerDate 20-SEP-95